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## EMPLOYEE/EMPLOYER AGREEMENT

The employer and employee must complete this agreement, sign it and forward a copy to us. We will keep it in your file. This should be reviewed carefully. It provides a good basis for a mutual understanding of the position and the expectations of the job. If you have any questions or need any help, please call us at 610-645-6550. We would be happy to help you in any way.

Employer Name \_\_\_\_\_ Employee Name \_\_\_\_\_

Names of children	Birth Date	Others in House Employee Not Responsible for:	Birth Date/ Relationship

**Both parties agree:**

- To a commitment from \_\_\_\_\_ to \_\_\_\_\_
- To give \_\_\_\_\_ weeks notice before job termination
- To revisit renewing this commitment \_\_\_\_\_ weeks before the term has ended
- If employee fails to give agreed notice, employer will hold one week's salary. \_\_\_\_ (check)
- If employer fails to give agreed notice, employer gives one week's salary: \_\_\_\_ (check)

**Schedule**

**Full time employees work 5 days on with two consecutive days off per week.**

**Part time employees work a minimum of 4 hours per day.--Fill in times:**

Day	Start	to	Finish
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

Describe any variations, exceptions or flexibilities needed. It is important to be specific.

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**Compensation Package**

Check if yes or indicate number where appropriate. (Specifics are discussed below)

Weekly gross salary (before taxes)		Day of week to be paid	
Number of sick days		Number of paid vacation	
Number of unpaid sick days		Number of unpaid vacation	
Health benefits/Start Date: _____		Number of paid holidays	
Car availability off duty		Number of unpaid holidays	

**Vacation:** Vacation is usually taken while employer is taking their vacation. How will vacation time be determined? \_\_\_\_\_

Approximate vacation dates : \_\_\_\_\_ How is it handled if employer takes more vacation time than employee receives? (Typically for full time, she still receives salary)

If employee travels with employer, how will hours and duties change? \_\_\_\_\_

**Holidays:** Paid holidays are: \_\_\_\_\_

(Usually New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas)

Unpaid holidays are: \_\_\_\_\_

**Extra Time/Duties Worked:** Extra time worked beyond the hours shall be paid in addition to regular salary at a rate of \$\_\_\_\_\_ per hour. Heavy housework will be paid at an additional rate of \$\_\_\_\_\_ per hour.

**Telephone Usage:**

Will there be a cell phone for the employee to use on the job? \_\_\_\_\_

Who pays the bill for the cell phone? \_\_\_\_\_

Will text messaging be included? \_\_\_\_\_

**Meals/Supplies**

Is the employee expected to bring/buy her own meals or does the employer provide for this? \_\_\_\_\_

Is the employee expected to bring her own supplies or does the employer provide for this? \_\_\_\_\_

If employee brings her own supplies, how will she be reimbursed? \_\_\_\_\_

**Car Usage**

Employee will transport children in car supplied by employer \_\_\_\_\_ or employee \_\_\_\_\_.(check)

Information on car supplied by employee for job related duties:

Make of car	License Tag Number
Model of car	Year
State of Registration	Insurance Company
Coverage for all passengers	Compensated for car use _____ ¢ per mile

Information on car supplied by employer for employee's use

Make of car	License Tag Number
Model of car	Year
State of Registration	Insurance Company
Coverage for all passengers	Any Limitations?

If employee has an accident during job related usage, who pays the deductible on the insurance? \_\_\_\_\_

Amount of deductible \$ \_\_\_\_\_

If employee has accident with employer's car during leisure time, who pays the deductible? \_\_\_\_\_

Amount of deductible \$ \_\_\_\_\_

If employee uses employer's car for personal use, she will reimburse employer at \_\_\_\_\_ ¢ per mile.

Employee has been instructed on proper use of the car seat(s). \_\_\_\_\_ (check)

**Duties and Responsibilities: (please check all that apply)**

<input type="checkbox"/>	Transport children	<input type="checkbox"/>	Tidy kitchen and play room or family room
<input type="checkbox"/>	Children's laundry	<input type="checkbox"/>	Iron children's clothes
<input type="checkbox"/>	Children's meals and clean up	<input type="checkbox"/>	Dust, vacuum children's rooms and bathroom
<input type="checkbox"/>	Care of pets. Be specific:	<input type="checkbox"/>	Change children's bed linens
<input type="checkbox"/>	Accompany employer on outings	<input type="checkbox"/>	Other duties:
<input type="checkbox"/>	Travel with employer	<input type="checkbox"/>	
<input type="checkbox"/>	Grocery shopping	<input type="checkbox"/>	
<input type="checkbox"/>	Errand running	<input type="checkbox"/>	
<input type="checkbox"/>	Empty dishwasher	<input type="checkbox"/>	

Do you have a housekeeper to do heavy cleaning? \_\_\_\_\_ How often? \_\_\_\_\_

**Child Care**

How are limits set and in what instances.	
Special needs. Please be specific.	
Allergies.	
Children's sleep habits.	
Children's eating habits.	
Children's emotional habits.	
How to handle tantrums.	
Specific instructions on planning activities.	
Music, TV, computer, DVD rules for children.	
How to handle crying.	

**Emergencies and Health Information**

Where are emergency numbers kept?	Should employee take child's temperature?
Emergency escape plan	Method used:
Hospital preference	Medication children take
Preferred transportation to hospital	Medication employee takes
Number to call parents re: any illness or injury:	Written authorization to give medication:
Location of first aid supplies	Where is the insurance information kept?

**Meetings and Discussions**

**Topics:**

**When**

Children's activities	
Children's growth and development	
Employee's job performance	
Employer/Employee relationship	
Job structure	
Salary review	
Contract review (usually 30 days and 90 to 180 days later)	

**Household Rules and Miscellaneous**

Agreement concerning visitors for the employee in the employer's home \_\_\_\_\_

Airfare arrangements (where applicable) \_\_\_\_\_

Phone greeting: \_\_\_\_\_

Do you want the employee to address you by your first name or last name? \_\_\_\_\_

Household areas off limits to employee and children: \_\_\_\_\_

Dangerous areas in house/garage/basement/yard: \_\_\_\_\_

Has home been child-proofed? \_\_\_\_\_ If no, is employee expected to do it? \_\_\_\_\_

Procedure to follow if locked out of house: \_\_\_\_\_

Will employee receive a set of house keys? \_\_\_\_\_

Will employee need to set house alarm? \_\_\_\_\_

Location of smoke detectors: \_\_\_\_\_ Location of fire extinguisher: \_\_\_\_\_

**Technology: (state limitations)**

Television and music rules for employee: \_\_\_\_\_

Text messaging and cell phone use: \_\_\_\_\_

Use of employer computer: \_\_\_\_\_

Can employee bring their laptop to the job? \_\_\_\_\_

Photos and other private or job-related information posted on Facebook or blogs: \_\_\_\_\_

**For live-in employees:**

Artwork allowed on walls of room: \_\_\_\_\_

Rearrangement of furniture: \_\_\_\_\_

Cable and/or internet available? \_\_\_\_\_

Employee's quarters are private, employer does not enter unless invited or emergency. \_\_\_\_\_ (check if agree)

Special food items that the employee may not consume or bring into the home: \_\_\_\_\_

**We agree that the above has been carefully reviewed and is thoroughly understood.  
We both have received copies of this agreement and sent a copy to The Philadelphia Nanny Network, Inc.**

\_\_\_\_\_  
**Employee** **Date**

\_\_\_\_\_  
**Employer** **Date** **Employer** **Date**